

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		2		2			54						
5		2		2			55						
6		5		X 1			56						
7	1		1				57						
8		5		X 1			58						
9		5		X 1			59						
10		5		X 1			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		2		2			TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						